

GEORGETOWN PLACE COOPERATIVE

APPLICATION CHECK SHEET

PROOF OF CITIZENSHIP: (BIRTH CERTIFICATE, NATURALIZATION CERTIFICATE, GREEN CARD) _____

SOCIAL SECURITY CARD FOR ALL PERSONS ON APPLICATION: _____

PICTURE ID: FOR ALL ADULTS OVER 18 _____

VERIFICATION OF ALL INCOME: (APPLICANT MUST SHOW MONTHLY INCOME GREATER THAN OR EQUAL TO TWO TIMES THE MONTHLY CARRYING CHARGE AMOUNT) _____

CREDIT REPORT FEE: (\$25.00) _____

COPIES TO BE TAKEN BY OFFICE STAFF

DATE, TIME AND SIGNATURE OF APPLICANT

GEORGETOWN PLACE COOPERATIVE

APPLICATION FOR MEMBERSHIP

(Please Print or Type)

Name _____
LAST FIRST MIDDLE INITIAL AGE DRIVERS LICENSE NO

Name of Spouse or

Co-Head _____
LAST FIRST MIDDLE INITIAL AGE DRIVERS LICENSE NO

Marital Status: Single Married Divorced Separated Widowed
(If Divorced or Separated, Please State the Legal Date)

Locality of Such Action _____
DATE LOCATION

Current Address Information:

STREET ADDRESS APT NO CITY STATE ZIP PHONE NO YEARS THERE?

Landlord/Owner _____

Address & Phone Number _____ Present Rent _____

Previous Address Information:

STREET ADDRESS APT NO CITY STATE ZIP PHONE NO YEARS THERE?

Landlord/Owner: _____

Address & Phone Number _____ Present Rent _____

FOR OFFICE USE ONLY

Unit Size Desired: _____

Move in Date Desired: _____

DL NO. _____

SS NO. _____

Credit Check Fee Submitted _____

Accepted _____ Denied _____

References Checked? _____

(If So, Denial Letter Sent?) _____

AUTOMOBILES OWNED

Make	Year	License Plate Number	Name & Address of Finance Company	Monthly Pymt.

PLEASE LIST ALL CREDITORS AND COMMERCIAL LOANS (use addt'l page if necessary)

Creditor	Open/Close	Name Account is Under	Balance	Account No.

Are there any Judgements against you? _____ Have you ever been Evicted? _____

(If the answer to any of these questions is yes, please attach a separate sheet of paper explaining.)

By signature below, I/We authorize the agents of Georgetown Place to investigate my references and credit history and employer to evaluate my application for membership. I hereby certify that the information is accurate and complete. I/We also understand that False/Incomplete information on this application may result in the denial of the membership request. I/We have also included the \$25.00 credit check fee, and understand that it is non-refundable.

Signature/Head _____ Date _____

Signature/Spouse _____ Date _____
 Co-head _____

NOTICES:

The Board of Directors and Management of Georgetown Place Cooperative have every intention of maintaining a drug-free environment. The use, sale, or manufacture of any illegal drug on Cooperative property is strictly forbidden. Violators will be prosecuted and evicted.

IMPORTANT - PLEASE READ
IN ORDER TO PROCESS YOUR APPLICATION, WE MUST OBTAIN WRITTEN VERIFICATION OF ALL ITEMS IN
THE LIST BELOW WHICH YOU HAVE CHECKED (YES).

VERIFICATION CHECK LIST

Name: _____

- | | | | |
|---|-------|-------|-------|
| 1. I receive income from employment | _____ | _____ | _____ |
| 2. I receive support from parents or relatives | _____ | _____ | _____ |
| 3. I receive periodic payments from Workers' Compensation | _____ | _____ | _____ |
| 4. I receive Veterans Administration benefits | _____ | _____ | _____ |
| 5. I receive disability or death benefits | _____ | _____ | _____ |
| 6. I receive Social Security | _____ | _____ | _____ |
| 7. I receive Supplemental Security Income (S.S.I.) | _____ | _____ | _____ |
| 8. I receive Public Assistance (excluding Medicaid and Food Stamps) | _____ | _____ | _____ |
| 9. I receive educational grants or scholarships | _____ | _____ | _____ |
| 10. I receive unemployment benefits | _____ | _____ | _____ |
| 11. I receive child support or alimony | _____ | _____ | _____ |
| 12. I receive periodic payments from trust or annuities | _____ | _____ | _____ |
| 13. I receive periodic payments from insurance policies | _____ | _____ | _____ |
| 14. I receive periodic payments from retirement funds or pensions | _____ | _____ | _____ |
| 15. I receive interest or dividend income | _____ | _____ | _____ |
| 16. I receive income from rental property or real estate | _____ | _____ | _____ |
| 17. I have real estate, land contracts or mobile homes | _____ | _____ | _____ |
| 18. I have checking account(s) | _____ | _____ | _____ |
| 19. I have savings account(s) | _____ | _____ | _____ |
| 20. I have time certificates | _____ | _____ | _____ |
| 21. I have stocks | _____ | _____ | _____ |
| 22. I have bonds | _____ | _____ | _____ |
| 23. I have a retirement plan - name and amount | _____ | _____ | _____ |

ANSWER THE FOLLOWING QUESTIONS (in addition to those above) ONLY IF YOU ARE HANDICAPPED OR 62 YRS. OR OLDER.

- | | | | |
|---|-------|-------|-------|
| 1. I pay Medicare premiums | _____ | _____ | _____ |
| 2. I pay Medicare insurance premiums other than Medicare | _____ | _____ | _____ |
| 3. I have medical, dental, optical, prescription expenses (only portion not covered by insurance) | _____ | _____ | _____ |
| 4. I need a two (2) bedroom unit for medical reasons (Applies to single persons only) | _____ | _____ | _____ |

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE, I WILL NOTIFY THE MANAGEMENT OFFICE FOR POSSIBLE RECERTIFICATION.

Your Signature

Management Representative

Date